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= Abstract =

Rectal Endometriosis: A Case Report of with a Clinical Analysis of Other Cases Reported in Related Korean Literature

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Endometriosis is the abnormal growth of endometrial tissue outside the uterine cavity. Involvement of the gastrointestinal tract is seen in 3-34% of patients affected by this condition. Although the commonest sites involved are the sigmoid colon and rectum, only 4 cases have been reported in Korea. The most frequent symptoms are lower abdominal and pelvic pain typically worsening at the time of menstruation. Bleeding per rectum is uncommon since the mucosa is rarely involved. Endoscopy has not been thought to be helpful in the evaluation of patients with suspected colonic endometriosis. However, endoscopy is often used as the first test in patients with rectal bleeding, excluding malignancy or other sources of bleeding. There are few reports of endoscopic documentation of colorectal endometriosis. A 26 year-old woman having a history of endometriosis with cyclic hematochezia and lower abdominal pain is herein reported. A flexible sigmoidoscopy revealed a protrusion of hyperemic mucosa with a surrounding fold formation on the rectum 8 cm above the anal verge. The subsequent biopsy of the lesion gave rise to a diagnosis of endometriosis. (**Korean J Gastrointest Endosc 19: 667-670, 1999**)

Key Words: Endometriosis, Rectum, Endoscopic diagnosis

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Table 1. Summary of the Patients with Rectal or Sigmoid Colonic Endometriosis Reported in the Korean Literature

Authors (Reference No)	Kim and Moon (4)	Kim et al. (5)	Nam and Chang (6)	Choi et al. (7)	Present case
Age	41	41	41	37	26
Symptoms	vomiting, intermittent colicky abdominal pain, constipation	lower abdominal pain, irregular bowel habit, mucoid hematochezia related to menstrual cycle	intermittent hemato- chezia, lower abdominal pain on defecation	hematochezia and lower abdominal pain related to menstrual cycle	hematochezia and lower abdominal pain related to menstrual cycle
Previous history of endometriosis	no	no	no	no	yes
Special diagnostic work-ups	none	Ba enema, endoscopy	endoscopy (×3), Ba enema, CT, MRI	Ba enema, CT, endoscopy	endoscopy
Endoscopic findings	not done	minute protrusion	irregular protrusion of mucosa	ulcerative, nodular and hyperemic mucosa	hyperemic, oval shaped mucosal protrusion with a surrounding fold formation
Method of confirmative diagnosis	operation	operation	operation	endoscopic biopsy	endoscopic biopsy
Location	sigmoid colon	rectum, 9 cm from anal verge	rectum, 7 cm from anal verge	rectosigmoid junction	rectum, 8 cm from anal verge
Extent of mural involvement	submucosa, proper muscle	submucosa, proper muscle	proper muscle, serosa	submucosa, but not known about involvement of proper muscle and serosa	mucosa and submucosa, but not known about involvement of proper muscle and serosa
Comments	emergency operation due to intestinal obstruction		misdiagnosed and treated as rectal cancer before operation		

CT, computed tomography; MRI, magnetic resonance imaging.

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Fig. 1. An endoscopic finding of rectal endometriosis. A flexible sigmoidoscopy reveals a hyperemic and oval-shaped mucosal protrusion with a surrounding fold formation on the anterior wall of the rectum.

Fig. 2. A microscopic finding of rectal endometriosis. Microscopic examination shows endometrial glands and stromal tissue in the mucosa and submucosa (H&E stain, $\times 40$).